

ATTACHMENT

Wisconsin Medicaid-allowable cancer screening procedure codes

Refer to the October 2002 *Wisconsin Medicaid and BadgerCare Update* (2002-56), titled "Procedure code updates," for maximum allowable fee and recipient copayment information for these procedures. Refer to *Current Procedural Terminology* (CPT) for appropriate diagnostic procedure codes.

Type of screening	Code	Description	Type of service*
Colorectal cancer	G0104	Colorectal cancer screening; flexible sigmoidoscopy	2, F
	G0105	colonoscopy on individual at high risk	2, F
	G0106	alternative to G0104, screening sigmoidoscopy, barium enema	2, F
	G0107	fecal-occult blood test, 1-3 simultaneous determinations	5
	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	2, F
	G0121	colonoscopy on individual not meeting criteria for high risk	2, F
	G0122	barium enema	2, F
Glaucoma	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	1, J
	G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	1, J
Mammograms	76085	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, screening mammography	4,Q,U
	76092	Screening mammography, bilateral (two view film study of each breast)	4,Q,U
	G0202	Screening mammography, producing direct digital image, bilateral, all views	4,Q,U
Pelvic and breast examinations and pap smears	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	1
	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	5
	G0124	requiring interpretation by physician	5
	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	5
	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	5

Type of screening	Code	Description	Type of service*
Pelvic and breast examinations and pap smears (continued)	G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	5
	G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	5
	G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	5
	G0148	performed by automated system with manual rescreening	5
Prostate cancer	G0102	Prostate cancer screening; digital rectal examination	1
	G0103	Prostate cancer screening; prostate specific antigen test (PSA), total	5

*Type of

Service	Description
1	Medical
2	Surgery
4	Diagnostic X-ray-Total charge/Ultrasound-Total charge
5	Diagnostic Lab
F	Free-Standing Ambulatory Surgery Center
J	Vision Care
Q	Diagnostic X-ray-Professional/Ultrasound-Professional
U	Diagnostic X-ray-Medical-Technical/Ultrasound-Technical